

House File 2510 - Introduced

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BY JAMES

A BILL FOR

1 An Act relating to hospital practices including those involving
2 sepsis protocols and the rights of a parent of a minor
3 patient.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. SHORT TITLE. This Act shall be known as "Adam's
2 Law".

3 Sec. 2. NEW SECTION. 135B.36 **Sepsis protocols.**

4 1. As used in this section, unless the context otherwise
5 requires:

6 a. "*Sepsis*" means a proven or suspected infection
7 accompanied by a systemic inflammatory response.

8 b. "*Septic shock*" means severe sepsis with persistent
9 hypotension or cardiovascular organ dysfunction despite
10 adequate intravenous fluid resuscitation.

11 c. "*Severe sepsis*" means sepsis with the addition of at
12 least one sign of hypoperfusion or organ dysfunction.

13 2. A hospital shall adopt, implement, and periodically
14 update, in accordance with this section, evidence-based
15 protocols for the early recognition and treatment of patients
16 with sepsis, severe sepsis, and septic shock that are based
17 on generally accepted standards of care. Sepsis protocols
18 shall include components specific to the identification, care,
19 and treatment of adults and of children, and shall clearly
20 differentiate the components applicable to adults and children.
21 The sepsis protocols shall include all of the following
22 components:

23 a. A process for the screening and early recognition of
24 patients with sepsis, severe sepsis, and septic shock.

25 b. A process to identify and document patients appropriate
26 for treatment through severe sepsis protocols, including
27 explicit criteria defining those patients who should be
28 excluded from the protocols, such as patients with certain
29 clinical conditions or patients who have elected palliative
30 care.

31 c. Guidelines for hemodynamic support with explicit
32 physiologic and biomarker treatment goals, methodology for
33 invasive or noninvasive hemodynamic monitoring, and time frame
34 goals.

35 d. For infants and children, guidelines for fluid

1 resuscitation with explicit time frames for vascular access
2 and fluid delivery consistent with current, evidence-based
3 guidelines for severe sepsis and septic shock with defined
4 therapeutic goals for children.

5 *e.* A procedure for identification of the source of infection
6 and delivery of early antibiotics with time frame goals.

7 *f.* Criteria for use, when appropriate, of an invasive
8 protocol and for use of vasoactive agents.

9 3. A hospital shall ensure that professional staff with
10 direct patient care responsibilities and, as appropriate, staff
11 with indirect patient care responsibilities, including but not
12 limited to laboratory and pharmacy staff, are periodically
13 trained to implement the sepsis protocols specified in this
14 section. The hospital shall ensure that sepsis training is
15 updated following the initiation of substantive changes to the
16 protocols.

17 4. A hospital shall update sepsis protocols specified under
18 this section based on newly emerging evidence-based standards.

19 5. Following initial approval, sepsis protocols required
20 under this section shall be submitted to the department at
21 the request of the department not more frequently than every
22 two years, unless the department requires submission more
23 frequently based on hospital-specific performance concerns
24 identified by the department.

25 6. A hospital shall collect, use, and report quality
26 measurement data related to the recognition and treatment of
27 severe sepsis for purposes of internal quality improvement
28 and data reporting as required by the department. Quality
29 measurement data shall include but is not limited to data
30 sufficient to evaluate each hospital's adherence rate to the
31 hospital's own sepsis protocols, including adherence to time
32 frames and implementation of all protocol components for adults
33 and children.

34 *a.* Hospitals shall submit the required quality measurement
35 data to enable the department to develop risk-adjusted sepsis

1 mortality rates in consultation with appropriate national,
2 hospital, and expert stakeholders.

3 **b.** Hospitals shall submit quality measurement data to
4 the department as specified by the department on an annual
5 basis, or more frequently at the request of the department, and
6 such data shall be subject to audit at the discretion of the
7 department.

8 **Sec. 3. NEW SECTION. 135B.37 Bill of rights for parent of a**
9 **minor patient.**

10 1. For the purposes of this section:

11 **a.** "*Critical value results*" means the results of laboratory
12 or other diagnostic tests that suggest a life-threatening or
13 otherwise significant condition requiring immediate medical
14 attention.

15 **b.** "*Minor patient*" means an individual receiving hospital
16 emergency department or inpatient care who is a minor as
17 described in section 599.1.

18 **c.** "*Parent*" means a parent, guardian, or other person with
19 legal authority to make health care decisions on behalf of a
20 minor patient.

21 2. A hospital shall post in a conspicuous place and provide
22 a minor patient's parent with a written copy of the information
23 specified in this section. The information shall be known as
24 the "parent's bill of rights for a minor patient" and shall
25 advise that, at a minimum, and subject to laws and regulations
26 governing privacy and confidentiality, in connection with every
27 hospital admission or emergency room visit of a minor patient,
28 all of the following shall apply:

29 **a.** The hospital must ask each minor patient or the minor
30 patient's parent, as appropriate, for the name of the minor
31 patient's primary care provider, if known, and shall document
32 such information in the minor patient's medical record.

33 **b.** The hospital shall admit minor patients only to the
34 extent consistent with the hospital's ability to provide
35 qualified staff, space, and the size-appropriate equipment

1 necessary for the unique needs of minor patients.

2 *c.* To the extent possible given a minor patient's health and
3 safety, the hospital shall allow at least one parent to remain
4 with the minor patient at all times.

5 *d.* The results of all tests completed during a minor
6 patient's hospital admission or emergency room visit shall
7 be reviewed by a physician, physician assistant, or nurse
8 practitioner who is familiar with the minor patient's
9 presenting condition.

10 *e.* A minor patient shall not be discharged from the hospital
11 or the emergency room until the results of any tests that
12 could reasonably be expected to yield critical value results
13 are reviewed by a physician, physician assistant, or nurse
14 practitioner and are communicated to the minor patient and the
15 minor patient's parent, as appropriate.

16 *f.* A minor patient shall not be discharged from the hospital
17 or the emergency room until the minor patient's discharge
18 plan is provided in writing and verbally communicated to the
19 minor patient and the minor patient's parent, as appropriate.
20 The discharge plan shall identify critical value results of
21 tests ordered during the minor patient's hospital admission or
22 emergency room visit and shall specify any other tests that
23 have not yet been concluded.

24 *g.* The communication of critical value results and the
25 discussion of the discharge plan shall be accomplished in a
26 manner that reasonably assures that a minor patient and the
27 minor patient's parent, as appropriate, understand the health
28 information provided in order to make appropriate health
29 decisions.

30 *h.* A hospital shall provide all laboratory results to a
31 minor patient's primary care provider, if known.

32 *i.* A minor patient and the minor patient's parent, as
33 appropriate, may request information about the diagnosis,
34 possible diagnoses that were considered during the episode
35 of care, and complications that could develop, as well as

1 information about any contact made with the minor patient's
2 primary care provider.

3 j. Upon discharge from the hospital or emergency room, a
4 hospital shall provide a minor patient and the minor patient's
5 parent, as appropriate, with a telephone number that the minor
6 patient and the minor patient's parent may call for advice if
7 complications or questions arise.

8 Sec. 4. INITIAL SEPSIS PROTOCOLS — SUBMISSION TO
9 DEPARTMENT AND IMPLEMENTATION. A hospital subject to section
10 135B.36, as enacted in this Act, shall submit initial sepsis
11 protocols to the department of inspections and appeals for
12 review and approval by October 1, 2022. Within forty-five days
13 of receipt of approval of the protocols from the department, a
14 hospital shall implement the sepsis protocols consistent with
15 section 135B.36, as enacted in this Act.

16 Sec. 5. CODE EDITOR DIRECTIVE.

17 1. The Code editor shall designate section 135B.36, as
18 enacted in this Act, as a new subchapter within chapter 135B,
19 entitled "Sepsis Protocols".

20 2. The Code editor shall designate section 135B.37, as
21 enacted in this Act, as a new subchapter within chapter 135B,
22 entitled "Parent's Bill of Rights for a Minor Patient".

23 EXPLANATION

24 The inclusion of this explanation does not constitute agreement with
25 the explanation's substance by the members of the general assembly.

26 This bill relates to protocols required of hospitals
27 relating to sepsis and minor patients.

28 The bill provides that the short title of the bill is "Adam's
29 Law".

30 The bill requires hospitals to adopt, implement,
31 periodically update, and submit to the department of
32 inspections and appeals (DIA) for review and approval,
33 evidence-based protocols for the early recognition and
34 treatment of patients with sepsis, severe sepsis, and septic
35 shock, which protocols are based on generally accepted

1 standards of care. The protocols shall include components,
2 specified in the bill, that are specific to the identification,
3 care, and treatment of adults and of children, and shall
4 clearly identify the differences in the components applicable
5 to adults and children. The bill requires hospitals to
6 ensure that professional staff with direct patient care
7 responsibilities and, as appropriate, staff with indirect
8 patient care responsibilities are periodically trained to
9 implement the sepsis protocols and to update the training
10 following substantive changes to the protocols. The bill
11 requires hospitals to submit the required sepsis protocols
12 to DIA at the request of the department not more frequently
13 than every two years, following initial approval, unless DIA
14 requires submission more frequently based on hospital-specific
15 performance concerns identified by DIA. The bill requires
16 hospitals to collect, use, and report quality measurement data
17 related to the recognition and treatment of severe sepsis for
18 purposes of internal quality improvement and data reporting
19 to DIA. The data submitted to DIA are for the purposes of
20 development by DIA of risk-adjusted sepsis mortality rates in
21 consultation with appropriate national, hospital, and expert
22 stakeholders. Hospitals are required to submit the data to
23 DIA as specified by DIA, annually, or more frequently at the
24 request of the department. The data are subject to audit at
25 the discretion of DIA.

26 The bill requires hospitals to submit initial sepsis
27 protocols to DIA for review and approval by October 1, 2022,
28 and requires hospitals to implement the protocols within 45
29 days of receipt of approval of the protocols from DIA.

30 The bill also requires hospitals to provide parents of minor
31 patients with a written copy of information specified in the
32 bill as the "parent's bill of rights for a minor patient".
33 The information provided is to advise that, subject to laws
34 and regulations governing privacy and confidentiality, in
35 connection with every hospital admission or emergency room

1 visit of a minor patient, a hospital must comply with certain
2 requirements. The requirements include that the hospital
3 must ask each minor patient or the minor patient's parent, as
4 appropriate, for the name of the minor patient's primary care
5 provider, if known, and shall document such information in the
6 minor patient's medical record; the hospital shall admit minor
7 patients only to the extent consistent with the hospital's
8 ability to meet the unique needs of minor patients; to the
9 extent possible given a minor patient's health and safety, the
10 hospital shall allow at least one parent to remain with the
11 minor patient at all times; the results of all tests completed
12 during a minor patient's admission or visit shall be reviewed
13 by a physician, physician assistant, or nurse practitioner who
14 is familiar with the minor patient's presenting condition; a
15 minor patient shall not be discharged until the results of any
16 tests that could reasonably be expected to yield critical value
17 results are reviewed by a physician, physician assistant, or
18 nurse practitioner and are communicated to the minor patient
19 and the minor patient's parent, as appropriate; a minor patient
20 shall not be discharged until the minor patient's discharge
21 plan is provided in writing and verbally communicated to the
22 minor patient and the minor patient's parent, as appropriate;
23 the communication of critical value results and the discussion
24 of the discharge plan shall be accomplished in a manner that
25 reasonably assures that a minor patient and the minor patient's
26 parent, as appropriate, understand the health information
27 provided in order to make appropriate health decisions; a
28 hospital shall provide all laboratory results to a minor
29 patient's primary care provider, if known; a minor patient
30 and the minor patient's parent, as appropriate, may request
31 information about the diagnosis, possible diagnoses that were
32 considered during the episode of care, and complications
33 that could develop, as well as information about any contact
34 made with a minor patient's primary care provider; and upon
35 discharge, a hospital shall provide a minor patient and the

1 minor patient's parent, as appropriate, with a telephone number
2 that the minor patient and the minor patient's parent may call
3 for advice if complications or questions arise. The bill
4 defines "minor patient" as an individual receiving hospital
5 emergency department or inpatient care who has not reached
6 majority as specified in Code section 599.1 and "parent" as a
7 parent, guardian, or other person with legal authority to make
8 health care decisions on behalf of a minor patient.